



*"People
helping people
help
themselves"*

Frank O'Bannon, Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 6224
INDIANAPOLIS, IN 46206-6224
John Hamilton, Secretary

Dear Pharmacy Provider:

July 10, 2002

The Indiana Prescription Drug Program, better known as HoosierRx, is an existing program developed by the State of Indiana to assist Seniors with the rising costs of prescription drugs. To date, enrollees have taken advantage of the program by submitting evidence of a prescription purchase and receiving a 50% refund from the State. The State would like to express their appreciation for your continued support in servicing our Seniors during the refund phase of this program.

We are excited to announce that HoosierRx is moving to a fully adjudicated POS program. **Beginning on August 1, 2002**, we will be utilizing a prescription benefits manager to assist us with benefits management and claims processing. We would like to extend an invitation to your pharmacy to participate in this new program, as well as introduce you to ACS State Healthcare's PBMS (Prescription Benefits Management Solutions). ACS State Healthcare PBMS serves as the prescription benefits manager (PBM) for many different prescription drug card plans and will now be assuming the role of HoosierRx's prescription benefits manager. Our hope is that you continue to support this program.

Participation in any ACS State Healthcare Pharmacy Network requires that you submit claims using a personal computer or some other point-of-sale device. Claims are to be transmitted electronically through any of our preferred telecommunications vendors, NDCHealth (NDC) or WebMD/ENVOY. To be an eligible pharmacy provider, the pharmacy is required to be located in the State of Indiana and have a NCPDP Provider number (formerly known as the NABP number). Chain Pharmacies who have outlets within Indiana may participate in any of their outlets, regardless of location.

HoosierRx members' POS benefits are:

Benefits are valid for up to one year for each member enrollment
Copayments of 50% of allowed charge up to the benefit maximum
No drug formulary applies - all legend medications (as well as Insulin) are covered

Included with this letter:

1. Pharmacy Provider Agreement This agreement is between the State of Indiana and providers. No changes to the Pharmacy Provider Agreement will be allowed as this is a fully State funded program.
2. Network Exhibits:

Exhibit A: Pharmacy Information and Credentialing. A separate Exhibit A must be completed for each pharmacy that will fall under the agreement. If the provider is a chain of more than 10 stores, please complete only one Exhibit A and attach a listing of all your stores.

Exhibit B: Certification Statement.

Exhibit C: Benefit Plan Description and Reimbursement Terms.

3. HoosierRx Payer Sheet

Please make one copy of all signed documents for your records (we do not send copies back unless specifically requested), and send the originals to the address listed below. Please return documents prior to August 1, 2002 to ensure that your pharmacy will be able to participate at the start of the program.

ACS State Healthcare LLC
Attn: HoosierRx Provider Enrollments
365 Northridge Road, Suite 400
Atlanta, GA 30350

Questions concerning the agreements and/or the payer sheet can be directed to 866-879-0105 or via email to provider.relations@acs-inc.com. You may also visit the Hoosier Rx web site at <http://www.IN.gov/HoosierRx> for additional information.

Sincerely,

Director-HoosierRx

Equal Opportunity / Affirmative Action Employer

